JEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

M-10693 US

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN SMALL ENTITY	
TOTAL CLAIMS			45				ſ	RATE	FEE	OR]	RATE	FEE
FOR			7) NUMBER FILED		NUMBER EXTRA		ţ	BASIC FEE	355.00	OR	BASIC FEE	710.00
TC	TAL CHARGEA	BLE CLAIMS	√√ minus 20=		. 25		ŀ	X\$ 9=			X\$18=	" -0
	EPENDENT CL		## minus 3 =		• ,		ŀ			OR		450
_		DENT CLAIM P	ius 5 =			-	X40=		OR	X80=	<i>₿0</i>	
								+135=		OR	+270=	
* If	the difference	in column 1 is	less than ze	ess than zero, enter "0" in			-	TOTAL		OR	TOTAL	1240
CLAIMS AS AMENDED - PART II								SMALL E	NTITV	OR	OTHER SMALL	
		(Column 1) CLAIMS		(Colur HIGH	IEST BER OUSLY	(Column 3) PRESENT EXTRA	ή г	SWALL	ADDI-		RATE	ADDI-
AMENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID				RATE	TIONAL FEE			TIONAL FEE
	Total	· 63	Minus	٠. گر	5	= 30	Ī	X\$ 9=	<u>, , , , , , , , , , , , , , , , , , , </u>	OR	X\$18=	684
	Independent	·)	Minus	(1	= &	ŀ	X40=		OR	X80=	なっ
	FIRST PRESE	NTATION OF MI	ULTIPLE DEF	PENDENT	CLAIM		▎▐	105			. 070	30 4
								+135=		OR	+270=	A 3 /
							A	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	936
		(Column 1)		(Colu		(Column 3)						
AMENDMENT B		CLAIMS REMAINING	10634	HIGH	IBER	PRESENT		RATE	ADDI- TIONAL		RATE	ADDI- TIONAL
		AFTER AMENDMENT	****	PAID	OUSLY FOR	EXTRA		NAIL	FEE		NATE	FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus ,	***		<u> -</u>		X40=		OR	X80=	
L	FIRST PRESE	NTATION OF MI	JLTIPLE DEF	PENDENT	CLAIM		J	+135=		OR	+270=	
							L	TOTAL		OD	TOTAL	
							Α	DDIT. FEE		OR	ADDIT. FEE	
_	<u></u>	(Column 1) CLAIMS		(Colui		(Column 3)	۔ ا			I I		
AMENDMENT C		REMAINING AFTER AMENDMENT	A. S.	NUM	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	<u> </u>	=	1 F	X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=	 					
	FIRST PRESE	NTATION OF M	ULTIPLE DEF	PENDEN	T CLAIM		-	X40=		OR	X80=	
						``		+135=		OR	+270=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."												
		mber Previously P							ropriate box			